

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3587

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town near Bruton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Bruton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>MARY</u> (First) <u>BAYNARD</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 4, 1889</u>
9. AGE last birthday <u>62</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William [unknown]</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. MOTHER'S MAIDEN NAME <u>Mary Collins</u>	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Walter [unclear] 124 Penn St., Chester, Pa.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>			<u>20 hours.</u>
Antecedent cause(s) (b) <u>coronary artery sclerosis</u>			<u>several years.</u>
(c) <u>athroitic arthritis with partial ankylosis of knees.</u>			<u>a year or more.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 27</u> , 19 <u>50</u> , to <u>April 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 17</u> , 19 <u>51</u> , and that death occurred at <u>5:30 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Paul [unclear]</u>		ADDRESS <u>Bruton</u>	
DATE SIGNED <u>April 28 1951</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Apr. 22, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cem.</u>	LOCATION (City, town, or county) (State) <u>near Bruton, Md.</u>
DATE REC'D BY LOCAL REG. <u>4/22/51</u>	REGISTRAR'S SIGNATURE <u>W. D. George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore</u>	ADDRESS <u>Law Bruton, Md.</u>

720826

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3588

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> STATE <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Academy Avenue</u>		STREET ADDRESS (If rural, give location) <u>Academy Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Paul</u> (Middle) <u>Clifford</u> (Last) <u>Cantner</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1891</u>
9. AGE last birthday <u>59</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Greencastle, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William C. Cantner</u>		14. MOTHER'S MAIDEN NAME <u>Ida B. Witmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>219-10-5657</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Paul C. Cantner, Federalburg, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Myocarditis

Antecedent cause(s)

(b)

Generalized arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

1 yr. 5 mos.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
TIME (Month) (Day) (Year) (Hour) OF INJURY				

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to April 12, 1951, that I last saw the deceased

alive on April 12, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Frank M. Anderson M. D. Federalburg, Maryland April 14, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 14, 1951</u>	<u>Hill Crest Cemetery</u>	<u>Federalburg, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 14, 1951</u>	<u>J. S. Frampton</u>	<u>J. J. Frampton and Son</u>	<u>Federalburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

073669



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3589

Items 8, 9 on:

Form No. G 132 MAY 14 1951

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>76.3rd Street</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Annie</u> (Middle) <u>Emmette</u> (Last) <u>Dowens</u>		4. DATE OF DEATH (Month) <u>Apr.</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/6/42</u> 19 <u>02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>42</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Elijah Truxon</u>		14. MOTHER'S MAIDEN NAME <u>Mary Basley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Geo. Dowens (Husband)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

4-0.5 (days)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>HOMICIDE</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased Apr. 10, 1951, at Apr. 16, 1951, that I last saw the deceased

alive on Apr. 16, 1951, and that death occurred at 8 pm, from the causes and on the date stated above.

SIGNATURE A. L. Small ADDRESS M.D. Denton, Md. DATE SIGNED 4/17/51

23. BURIAL, CREMATION (REMOVAL) (Specify) <u>Buried</u>	DATE THEREOF <u>Apr. 19-51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Grove</u>	LOCATION (City, town, or county) <u>Denton</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>4/19/51</u>	REGISTRAR'S SIGNATURE <u>Mr. B. D. George</u>	M. FUNERAL DIRECTOR'S ADDRESS <u>J. Virgil Moore & Son</u>		<u>Denton</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3590

Reg. Dist. No. 63

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Preston - Rural</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Harmony</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg - Rural</u> TOWN STREET ADDRESS (If rural, give location) <u>Houston Branch Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Grace</u>	(Middle) <u>E.</u>	(Last) <u>Frampton</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>14</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 25, 1884</u>
9. AGE last birthday <u>66</u> yrs.		10. IF under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Caroline County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Fearins</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-20-7051</u>	
17. INFORMANT AND ADDRESS <u>Charles H. Fearins, Preston, Md., R.F.D.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Carcinoma of the breast

INTERVAL BETWEEN ONSET AND DEATH

14 months

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 11, 1951, to April 14, 1951, that I last saw the deceased alive on April 13, 1951, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 16, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>
DATE REC'D BY LOCAL REG. <u>April 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Corneal D. Plummer</u>	24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalsburg, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK.

RECEIVED

APR 20 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH- COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Greensboro		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Greensboro	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
Elma	Elizabeth	Harris	
5. SEX F.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 51
8. DATE OF BIRTH 2/3/1893	9. AGE last birthday 58 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Felton, Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Rickards		14. MOTHER'S MAIDEN NAME Carline Slaughter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-22-8495	
17. INFORMANT AND ADDRESS Russell Harris Greensboro, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) **Coronary Thrombosis**
(b) **Chronic Atherosclerotic Cardiovascular Disease**
(c) **Residual Hemiplegia**

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICID HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) m. OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1950**, to **April 12, 1951**, that I last saw the deceased alive on **April 11, 1951**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

SIGNATURE Charles H. Stoenfer M.D.	(Degree or title)	ADDRESS Greensboro, Md.	DATE SIGNED April 15-1951
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/15/51	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. Apr 15-1951	REGISTRAR'S SIGNATURE L. M. Lippin	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

APR 20 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3592

Reg. Dist. No. 66

1. PLACE OF DEATH COUNTY <u>Caroline</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Elmer</u> (First) <u>Hoffman</u> (Middle) <u></u> (Last)		4. DATE OF DEATH <u>April 2</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 20, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boat line</u>	9. AGE last birthday <u>45</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Hoffman</u>		14. MOTHER'S MAIDEN NAME <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>Ind</u>		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Wm Elmer Hoffman, Ridgely</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
<p>Immediate cause (a) <u>Gun shot wound through head - Shock - Hemorrhage</u></p> <p>Antecedent cause(s) (b) <u></u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u></p>			<u>Sudden</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4</u> <u>2</u> <u>1951</u> <u>PM</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Gun shot wound - self inflicted</u>
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Anderson J. George Asst. Med. Exm. Denton Md</u>		DATE SIGNED <u>4/4/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Apr. 5, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Greenboro</u>
LOCATION (City, town, or county) (State) <u>Greenboro Ind.</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 5, 1951</u>		24. FUNERAL DIRECTOR <u>J. Virgil Moore Denton</u>	
REGISTRAR'S SIGNATURE <u>Mary C. Laird</u>		ADDRESS <u></u>	

290 859

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

3593

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Denton - Rural</u>				LENGTH OF STAY (In this place) <u>15 years</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Denton - Ridgely Road</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton - Rural</u>			
STREET ADDRESS				(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <u>Elmer</u>		(Middle) <u>William</u>		(Last) <u>Jackson</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>5</u> (Year) <u>1951</u>	
9. AGE last birthday <u>29</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		8. DATE OF BIRTH <u>Jan. 27, 1922</u>	
11. BIRTHPLACE (State or foreign country) <u>Talbot County, Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>William E. Jackson</u>				14. MOTHER'S MAIDEN NAME <u>Hattie Green</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>219-14-3114</u>		17. INFORMANT <u>Myrtle G. Jackson, Denton, Md., R.F.D.</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Acute Myocarditis</u>						<u>1 hr</u>	
(b) <u>Hypertension</u>						<u>2</u>	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>				(STATE)			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE <u>George D. Frank</u>				DATE SIGNED <u>4/7/51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				NAME OF CEMETERY OR CREMATORY <u>Newtown Cemetery</u>			
DATE THEREOF <u>April 7, 1951</u>				LOCATION (City, town, or county) (State) <u>Near Cardova, Maryland</u>			
DATE REC'D BY LOCAL REG. <u>4/7/51</u>				24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalburg, Md.</u>			

820105

RECEIVED
APR 10 1951
BUREAU T. I.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3594

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Druton</u> TOWN <u>Druton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lawrence</u>		MARYLAND LENGTH OF STAY (In this place) <u>(2 yrs)</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Druton</u> TOWN <u>Druton</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Lawrence</u> (Middle) <u>Noble</u> (Last) <u>Jones</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>12</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 18 1918</u>	9. AGE last birthday <u>32</u> yrs. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John J. Jones</u>		14. MOTHER'S MAIDEN NAME <u>Fannie Chance</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWII</u>		16. SOCIAL SECURITY No. <u>270-12-1317</u>		17. INFORMANT <u>Ruth Jones</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
810.5 Immediate cause (a) <u>Multiple Fractures - Skull</u>		<u>Immediate</u>
169 Antecedent cause(s) (b) <u>Shock - Internal injuries</u>		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>Highway</u>	(CITY OR TOWN) <u>Rural Hellsboro</u> (COUNTY) <u>Caroline</u> (STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4-12-1951</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Collision with R.R. Train</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE <u>Dr. George Drifton</u>	(Degree or title)	ADDRESS <u>Druton MD</u>	DATE SIGNED <u>4/14/51</u>
23. BURIAL, CREMATION REMOVAL <u>Burial</u>	DATE THEREOF <u>4/14/51</u>	NAME OF CEMETERY OR CREMATORY <u>Druton</u>	LOCATION (City, town, or county) (State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>4-14-51</u>	REGISTRAR'S SIGNATURE <u>Dr. George</u>	24. FUNERAL DIRECTOR <u>Edgar L. Lane</u>	ADDRESS <u>Church Hill MD</u>

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

564246

RECEIVED

APR 19 1961

BUREAU W.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3595

Reg. Dist. No. 63

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Preston - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Preston - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Hynson</u>		STREET ADDRESS (If rural, give location) <u>Near Hynson</u>	
3. NAME OF DECEASED (First) <u>Ida</u> (Middle) <u>F.</u> (Last) <u>Meeds</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>20</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 19, 1870</u>
9. AGE last birthday <u>80</u> yrs.		10. If under 1 year: Months <u>8</u> Days <u>20</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Queen Anne Co., Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Jewell</u>		14. MOTHER'S MAIDEN NAME <u>Emmaline Ford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. Melvin W. Williamson, Preston, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Myocarditis Chronic

INTERVAL BETWEEN ONSET AND DEATH

6 Mos

Antecedent cause(s)

(b)

Arteriosclerosis General1 yr

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/22/51Cornelia B. PlummerJ. J. Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

717

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3596

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Federalsburg - Rural</u> TOWN <u>Federalsburg</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Mission</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Delaware</u> COUNTY <u>Sussex</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Milford</u> TOWN <u>Milford</u> STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (First) <u>Rena</u> (Middle) <u>G.</u> (Last) <u>Pepper</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1878</u>
9. AGE last birthday <u>72</u> yrs.		10. If under 1 year Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Sussex County, Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Zakariah Bailey</u>		14. MOTHER'S MAIDEN NAME <u>Emma Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>222-05-1110</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Clarence Smith, Federalsburg, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) <u>chronic nephritis - Hypertension</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Fracture hip.</u>	<u>52 days.</u>
	(c) <u>general arterio sclerosis</u>	<u>2 yrs +</u>

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>March 6, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>fracture right femur.</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>Accident</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	(CITY OR TOWN) <u>Milford</u> (COUNTY) <u>Sussex</u> (STATE) <u>Del.</u>
TIME (Month) (Day) (Year) (Hour) <u>Jul 25 1951 m.</u>	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell out of a wagon when horse pulled it suddenly.</u>

22. I hereby certify that I attended the deceased from April 20, 1951, to April 21, 1951, that I last saw the deceased alive on April 21, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE S. Paul Thotts ADDRESS 1000 S. D. Denton St. DATE SIGNED April 22, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 24, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	LOCATION (City, town, or county) <u>Milford, Delaware</u> (State) <u></u>
DATE REC'D BY LOCAL REG. <u>April 23, 1951</u>	REGISTRAR'S SIGNATURE <u>S. J. Frampton</u>	24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>	ADDRESS <u></u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. (A15)

RECEIVED
APR 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

3597

1. PLACE OF DEATH COUNTY <u>Caroline</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Billsboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Billsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Joyce</u> (Middle) <u>Travers</u> (Last) <u>Wothers</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1957</u>	
6. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>without occupation</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>20</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Easton, Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Earl Wothers</u>		14. MOTHER'S MAIDEN NAME <u>Reulah Travers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Sadie Wothers</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Heuoptypis

Antecedent cause(s)

(b)

Branchiectasis

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Congenital spastic paralysis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

12 hours
several
years

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not While Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1957, to April 22, 1957, that I last saw the deceasedalive on April 22, 1957, and that death occurred at 9:10 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Mrs. LedersM.D.Queen Anne Md4/23/57

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/25/57Mrs. GeorgeEllis ClarkEaston Md

8600

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Bertha</u> (Middle) <u>Louise</u> (Last) <u>Wright</u>	4. DATE OF DEATH (Month) <u>Apr.</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar. 18th 74</u> yrs. <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Fred. Louise</u>		14. MOTHER'S MAIDEN NAME <u>Praxina Stevens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Ralph Wright (Son) Rd. Denton</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Mysocarditis Chronic

Antecedent cause(s)

(b) Brucellitis Chronic
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 1, 1949, to April 14, 1951, that I last saw the deceasedalive on 4/14, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 18th 51</u>	<u>Denton Cemetery</u>	<u>Denton</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/18/51</u>	<u>Wm S George</u>	<u>J. Regil Moore & Son</u>	<u>Denton</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3598

RECEIVED

APR 19 1951

BUREAU VV SS